



Please place a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
OR

Attorney Docket Number	502P57US-1
First Named Inventor	Davari
<i>COMPLETE IF KNOWN</i>	
Application Number	10 / 058,776
Filing Date	Jan 30, 2002
Group Art Unit	2817
Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FEEDBACK PRIORITY MODULATION RATE CONTROLLER

(Title of the Invention)

the specification of which

Is attached hereto

OR

was filed on (MM/DD/YYYY)

January 30, 2002

as United States Application Number or PCT International

(if applicable)

Application Number 10/058 776 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.</p> <p>I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.</p>					
Application Number(s)	Filing Date (MM/DD/YYYY)		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		
60/265,105	01/31/2001				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

APR -16' 02 (TUE) 11:00



TEL. 613 820 1553

P. 006

Please type a plus sign (+) inside this box

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name **Shapiro Cohen**Address **P.O. Box 3440**Address **Station D**

City Ottawa	State ON	ZIP K1P 6P1
--------------------	-----------------	--------------------

Country Canada	Telephone 613-232-5300	Fax 613-563-9231
-----------------------	-------------------------------	-------------------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Shahram	Family Name or Surname Dayari
--	---

Inventor's Signature Sh. Da	Date 17/4/2002
---------------------------------------	-----------------------

Residence: City Kanata	State Ontario	Country Canada	Citizenship Canada
-------------------------------	----------------------	-----------------------	---------------------------

Mailing Address 271 Knudson Drive
--

Residence: City Kanata	State Ontario	ZIP K2K 2N8	Country Canada
-------------------------------	----------------------	--------------------	-----------------------

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Heng	Family Name or Surname Liao
---	---------------------------------------

Inventor's Signature Heng	Date MARCH 12, 2002
-------------------------------------	----------------------------

Residence: City Burnaby	State B.C.	Country Canada	Citizenship China
--------------------------------	-------------------	-----------------------	--------------------------

Mailing Address 1208-3970 Carrigan Court

Residence: City Burnaby	State British Columbia	ZIP V3N 4S5	Country Canada
--------------------------------	-------------------------------	--------------------	-----------------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]

APR -16 02 (TUE) 11:01

TEL: 613 820 1553

P.007



Please type a plus sign (+) inside this box → +

PTO/50402A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

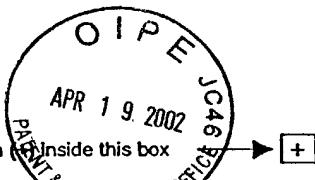
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION
ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page ___ of ___

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stacy William		Nichols	
Inventor's Signature		Date April 17	
Residence: City	Kanata	State	Ontario
Country	Canada	Citizenship	Canada
Mailing Address		23 Brodeur Crescent 1536 (Lane) Dr	
Mailing Address		K2B 1C5	
City	Kanata	State	Ontario
ZIP	K2B 1Z2	Country	Canada
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/058,776
Filing Date	Jan 30, 2002
First Named Inventor	Davari
Group Art Unit	2817
Examiner Name	
Attorney Docket Number	502P57US-1

I hereby appoint:

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
Robert A. Wilkes	28170
Robert G. Hendry	22927

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

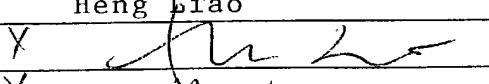
<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen			
Address	P.O. Box 3440			
Address	Station D			
City	Ottawa	State	ON	Zip
Country	Canada	K1P 6P1		
Telephone	613-232-5300	Fax	613-563-9231	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Heng Liao		
Signature			
Date	March 12, 2002		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

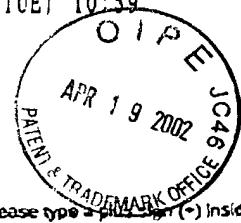
*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APR -16 '02 (TUE) 10:59

TEL: 613 820 1553

P. 003



Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. GMA 0431-0033

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/058,776
Filing Date	Jan 30, 2002
First Named Inventor	S. Davari
Group Art Unit	2817
Examiner Name	
Attorney Docket Number	502P57US-1

I hereby appoint:

 Practitioners at Customer Number

OR

 Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
Robert A. Wilkes	28170
Robert G. Hendry	22927

 Place Customer
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number

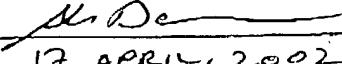
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen			
Address	P.O. Box 3440			
Address	Station D			
City	Ottawa	State	ON	Zip
Country	Canada			
Telephone	613-232-5300	Fax	613-563-9231	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Shahram Davari		
Signature			
Date	17 APRIL 2002		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

APR. -16' 02 (TUE) 11:00



TEL: 613 820 1553 P. 004

Please type a plus sign (+) inside this box



PTO/SB/81 (10-02)

Approved for use through 10/31/2002, OMB 0661-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/058,776
Filing Date	Jan 30, 2002
First Named Inventor	S. Davari
Group Art Unit	2814
Examiner Name	
Attorney Docket Number	502P57US-1

I hereby appoint:

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

Name	Registration Number
Harold C. Baker	19333
Robert A. Wilkes	28170
Robert G. Hendry	22927

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shapiro Cohen			
Address	P.O. Box 3440			
Address	Station D			
City	Ottawa	State	ON	Zip
Country	Canada			
Telephone	613-232-5300	Fax	613-563-9231	

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Stacy William Nichols

Signature

Date

April 17th 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 2 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be directed to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.